

# Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Federally Qualified  
Health Centers  
Home Health  
Agencies  
Individual Medical  
Supply Providers  
Medical Equipment  
Vendors  
Nursing Homes  
Occupational  
Therapists  
Pharmacies  
Physical  
Therapists  
Rehabilitation  
Agencies  
Speech and  
Hearing Clinics  
Speech-Language  
Pathologists  
Therapy Groups  
HMOs and Other  
Managed Care  
Programs

## HCPCS procedure code update for durable medical equipment

Effective for dates of service (DOS) on and after January 1, 2004, Wisconsin Medicaid is updating durable medical equipment (DME) coverage, policies, and limitations to reflect 2004 Healthcare Common Procedure Coding System (HCPCS) code changes from the Centers for Medicare and Medicaid Services. These changes include the following:

- Adding new HCPCS procedure codes.
- Enddating procedure codes that are no longer on the national HCPCS code list.
- Revising procedure code descriptions in accordance with national HCPCS changes.
- Adding existing HCPCS procedure codes that were not previously adopted by Wisconsin Medicaid.

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a list of HCPCS codes, descriptions, status, modifiers, copayment amounts, maximum fees, nursing home reimbursement status, and procedure code requirements.

Also, effective for DOS on and after October 1, 2003, Wisconsin Medicaid adopted selected *Current Procedural Terminology* (CPT) codes for respiratory services for medical equipment vendors and individual medical supply providers. These CPT codes replace certain local procedure codes that were discontinued as a result of the federal Health

Insurance Portability and Accountability Act of 1996.

Refer to Attachment 2 for the CPT codes, the old procedure codes they replace, and other information about the codes.

In some cases, the new HCPCS or CPT procedure code description may be slightly different from the enddated or discontinued procedure code description. Wisconsin Medicaid has adopted these procedure codes to be consistent with HCPCS and CPT guidelines. Providers must use the appropriate HCPCS or CPT procedure code that describes the DME item or service.

Unless indicated, all modifiers applicable to an enddated procedure code also apply to the new procedure code which replaces it.

Refer to the Durable Medical Equipment Index for a complete list of reimbursable DME procedure codes. Changes to the DME Index are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/). Refer to this *Update* until the DME Index is modified.

## **Prior authorization**

### *New requests for prior authorization*

Effective immediately, providers must use the new procedure codes for new requests for prior authorization (PA) (with future DOS) received by Wisconsin Medicaid.

### *Approved and modified prior authorizations currently in effect*

For approved and modified PAs currently in effect with *grant dates before* January 1, 2004, and *expiration dates on and after* April 1, 2004, Wisconsin Medicaid will identify and convert all discontinued procedure codes. The discontinued procedure codes will remain effective for DOS before April 1, 2004; however, the converted procedure codes will be effective for DOS on and after April 1, 2004. Quantities that have been approved on the original Prior Authorization Request Form (PA/RF) are not to be exceeded.

The procedure code and modifier conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12 details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes. If a provider has not received notification by April 1, 2004, the conversion did not result in more than 12 details.

Because the procedure codes and modifiers will be converted on these requests for PA, providers must submit claims using the new codes that replace the discontinued codes for DOS on and after April 1, 2004. For claims related to PA with DOS before April 1, 2004, providers must use the discontinued procedure codes.

### *Requests for prior authorization currently in process*

Requests for PA that are returned by Wisconsin Medicaid to the provider for more information on and after March 1, 2004, will not be converted by Wisconsin Medicaid. For returned requests that are received by Wisconsin Medicaid on and after March 1, 2004, providers must use the new procedure codes.

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

## **Information regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT 1

## HCPCS codes for durable medical equipment

Effective for dates of service on and after January 1, 2004

Place of service codes	
11	Office
12	Home
31	Skilled Nursing Facility
32	Nursing Facility
99	Other

Provider types			
24	Federally Qualified Health Centers	48	Dually certified Home Health/Personal Care Agencies
26	Pharmacies	54	Medical Equipment Vendors
34	Physical Therapists	58	Individual Medical Supply Providers
36	Speech and Hearing Clinics	65	Rehabilitation Agencies
38	Therapy Groups	78	Speech-Language Pathologists
44	Home Health Agencies		

Modifier
RR = Rental*

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA** required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E0140</b>	Added		Walker, with trunk support, adjustable or fixed height, any type		12	\$1,155.00	\$3.00	Yes	24, 34, 38, 44, 48, 54, 65	No	4 years	No
<b>E0140</b>	Added		Walker, with trunk support, adjustable or fixed height, any type	RR	12	\$2.56		Yes	24, 34, 38, 44, 48, 54, 65	No		No
<b>E0141</b>	Changed		Walker, rigid, wheeled, adjustable or fixed height									
<b>E0143</b>	Changed		Walker, folding, wheeled, adjustable or fixed height									
<b>E0147</b>	Changed		Walker, heavy duty, multiple braking system, variable wheel resistance									
<b>E0149</b>	Changed		Walker, heavy duty, wheeled, rigid or folding, any type									
<b>E0165</b>	Enddated		Commode chair, stationary, with detachable arms									
<b>E0240</b>	Added		Bath/shower chair, with or without wheels, any size		11, 12	\$825.55	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	8 years	No
<b>E0247</b>	Added		Transfer bench for tub or toilet with or without commode opening		11, 12	\$153.26	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	No	8 years	No
<b>E0247</b>	Added		Transfer bench for tub or toilet with or without commode opening	RR	11, 12	\$0.86		60 days	24, 26, 34, 38, 44, 48, 54, 58, 65	No	8 years	No

\*If modifier "RR" is not used, the request is considered a purchase.

\*\*PA = Prior authorization.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E0248</b>	Added		Transfer bench, heavy duty, for tub or toilet with or without commode opening		11, 12	\$153.26	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	No	8 years	No
<b>E0248</b>	Added		Transfer bench, heavy duty, for tub or toilet with or without commode opening	RR	11, 12	\$0.86		60 days	24, 26, 34, 38, 44, 48, 54, 58, 65	No		No
<b>E0301</b>	Added		Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress		11, 12	\$3,230.91	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	No
<b>E0301</b>	Added		Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	RR	11, 12	\$7.62		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0302</b>	Added		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress		11, 12	\$5,259.13	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	No
<b>E0302</b>	Added		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	RR	11, 12	\$12.13		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0303</b>	Added	K0549	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress		11, 12	\$3,430.91	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	No
<b>E0303</b>	Added	K0549	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	RR	11, 12	\$7.62		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0304</b>	Added	K0550	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress		11, 12	\$5,459.13	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	No
<b>E0304</b>	Added	K0550	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	RR	11, 12	\$12.13		60 days	24, 26, 44, 48, 54, 58	No		No

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E0561</b>	Added	K0268	Humidifier, non-heated, used with positive airway pressure device		11, 12	\$85.26	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	3 years	No
<b>E0561</b>	Added	K0268	Humidifier, non-heated, used with positive airway pressure device	RR	11, 12	\$0.64		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0562</b>	Added	K0531	Humidifier, heated, used with positive airway pressure device		11, 12	\$263.14	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	3 years	No
<b>E0562</b>	Added	K0531	Humidifier, heated, used with positive airway pressure device	RR	11, 12	\$1.60		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0638</b>	Added		Standing frame system, any size, with or without wheels		12	\$1,300.75	\$3.00	Yes	24, 44, 48, 54	No	1 per lifetime	No
<b>E0638</b>	Added		Standing frame system, any size, with or without wheels	RR	12	\$2.89		Yes	24, 44, 48, 54	No		No
<b>E0760</b>	Added		Osteogenesis stimulator, low intensity ultrasound, non-invasive		11, 12, 31, 32	\$2,527.22	\$3.00	Yes	54	No	5 years	No
<b>E0950</b>	Added	K0107	Wheelchair accessory, tray, each		11, 12	\$103.95	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E0951</b>	Changed	K0035	Heel loop/holder, with or without ankle strap, each		11, 12	\$17.97	\$1.00		24, 26, 44, 48, 54, 58		1 year	No
<b>E0952</b>	Added	K0036	Toe loop/holder, each		11, 12, 31, 32	\$13.68	\$1.00	No	24, 26, 44, 48, 54, 58	Yes	1 year	No
<b>E0955</b>	Added	K0025	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each		11, 12	\$171.85	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	2 years	No
<b>E0958</b>	Changed		Manual wheelchair accessory, one-arm drive attachment, each									
<b>E0959</b>	Added	K0100	Manual wheelchair accessory, adapter for amputee, each		11, 12, 31, 32	\$37.58	\$2.00	Yes	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E0960</b>	Added		Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		11, 12	\$74.31	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	2 years	No

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home?
<b>E0961</b>	Added	K0079	Manual wheelchair accessory, wheel lock brake extension (handle), each		11, 12, 31, 32	\$25.28	\$2.00	No	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E0966</b>	Added	K0025	Manual wheelchair accessory, headrest extension, each		11, 12	\$60.66	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	2 years	No
<b>E0967</b>	Added	K0063	Manual wheelchair accessory, hand rim with projections, each		11,12	\$53.61	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	2 years	No
<b>E0972</b>	Added	K0103	Wheelchair accessory, transfer board or device, each		11, 12	\$46.85	\$2.00	No	24, 26, 44, 48, 54, 58	No	4 years	No
<b>E0973</b>	Added	K0016	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		11, 12, 31, 32	\$97.92	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	5 years	No
<b>E0974</b>	Added	K0080	Manual wheelchair accessory, anti-rollback device, each		11, 12	\$66.65	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E0978</b>	Added	K0031	Wheelchair accessory, safety belt/pelvic strap, each		11, 12, 31, 32	\$36.30	\$2.00	No	24, 26, 44, 48, 54, 58	No	3 years	No
<b>E0981</b>	Added	K0032, K0033	Wheelchair accessory, seat upholstery, replacement only, each		11, 12	\$32.31	\$2.00	No	24, 26, 44, 48, 54, 58	No	2 years	No
<b>E0982</b>	Added	K0026, K0027	Wheelchair accessory, back upholstery, replacement only, each		11, 12	\$34.08	\$2.00	No	24, 26, 44, 48, 54, 58	No	2 years	No
<b>E0983</b>	Added	K0460	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control		11, 12	\$1,797.44	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	4 years	No
<b>E0983</b>	Added	K0460	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	RR	11, 12	\$3.00		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0984</b>	Added	K0461	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control		11, 12	\$1,797.44	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	4 years	No
<b>E0984</b>	Added	K0461	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	RR	11, 12	\$3.00		60 days	24, 26, 44, 48, 54, 58	No		No
<b>E0986</b>	Added		Manual wheelchair accessory, push-rim activated power assist, each		11, 12	\$4,320.00	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E0990</b>	Added	K0048	Wheelchair accessory, elevating leg rest, complete assembly, each		11, 12, 31, 32	\$97.27	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E0992</b>	Added	K0030	Manual wheelchair accessory, solid seat insert		11, 12, 31, 32	\$80.88	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	2 years	No
<b>E0995</b>	Added	K0049	Wheelchair accessory, calf rest/pad, each		11, 12, 31, 32	\$25.84	\$2.00	No	24, 26, 44, 48, 54, 58	Yes	2 years	No
<b>E1002</b>	Added	K0108	Wheelchair accessory, power seating system, tilt only		11, 12, 31, 32	\$4,431.85	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E1003</b>	Added	K0108	Wheelchair accessory, power seating system, recline only, without shear reduction		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1004</b>	Added	K0108	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1005</b>	Added	K0108	Wheelchair accessory, power seating system, recline only, with power shear reduction		11, 12, 31, 32	\$4,799.73	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1009</b>	Added		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E1010</b>	Added		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each		11, 12, 31, 32	\$720.00	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	3 years	No
<b>E1028</b>	Added		Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		11, 12, 31, 32	\$175.56	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1029</b>	Added		Wheelchair accessory, ventilator tray, fixed		11, 12, 31, 32	\$119.70	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1030</b>	Added		Wheelchair accessory, ventilator tray, gimbaled		11, 12, 31, 32	\$990.48	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No
<b>E1226</b>	Added	K0028	Manual wheelchair accessory, fully reclining back, each		11, 12, 31, 32	\$463.80	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No

\*11J = Individual consideration, medical consultant review.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E1390</b>	Changed		Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate									
<b>E2202</b>	Added		Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2203</b>	Added		Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2204</b>	Added		Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2320</b>	Added		Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware		11, 12, 31, 32	\$848.62	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2321</b>	Added		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		11, 12, 31, 32	\$1,302.97	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2322</b>	Added		Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware		11, 12, 31, 32	\$1,198.81	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2323</b>	Added		Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated		11, 12, 31, 32	\$54.94	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2324</b>	Added		Power wheelchair accessory, chin cup for chin control interface		11, 12, 31, 32	\$37.82	\$2.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2325</b>	Added		Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware		11, 12, 31, 32	\$1,144.81	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2326</b>	Added		Power wheelchair accessory, breath tube kit for sip and puff interface		11, 12, 31, 32	\$271.66	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes

\*11J = Individual consideration, medical consultant review.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E2327</b>	Added		Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware		11, 12, 31, 32	\$1,960.22	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2328</b>	Added		Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware		11, 12, 31, 32	\$3,295.72	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2329</b>	Added		Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware		11, 12, 31, 32	\$1,470.76	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2330</b>	Added		Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware		11, 12, 31, 32	\$2,833.28	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2340</b>	Added		Power wheelchair accessory, nonstandard seat frame width, 20-23 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2341</b>	Added		Power wheelchair accessory, nonstandard seat frame width, 24-27 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2342</b>	Added		Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2343</b>	Added		Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	Yes
<b>E2360</b>	Added	K0082	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each		11, 12, 31, 32	\$79.89	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	9 mos	Yes
<b>E2361</b>	Added	K0083	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)		11, 12, 31, 32	\$135.79	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	1 year	Yes
<b>E2362</b>	Added	K0084	Power wheelchair accessory, group 24 non-sealed lead acid battery, each		11, 12, 31, 32	\$79.89	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	9 mos	Yes

\*11J = Individual consideration, medical consultant review.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E2363</b>	Added	K0085	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		11, 12, 31, 32	\$182.09	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	1 year	Yes
<b>E2364</b>	Added	K0086	Power wheelchair accessory, U-1 non-sealed lead acid battery, each		11, 12, 31, 32	\$79.89	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	9 mos	Yes
<b>E2365</b>	Added	K0087	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		11, 12, 31, 32	\$102.89	\$3.00	No	24, 26, 44, 48, 54, 58	Yes	9 mos	Yes
<b>E2366</b>	Added	K0088	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each		11, 12, 31, 32	\$173.52	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	Yes
<b>E2367</b>	Added		Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each		11, 12, 31, 32	\$173.52	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	10 years	Yes
<b>E2399</b>	Added		Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware		11, 12, 31, 32	11J*	\$1.00	Yes	24, 26, 44, 48, 54, 58	No	2 years	Yes
<b>E2500</b>	Added	K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2500</b>	Added	K0541	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2502</b>	Added	K0615	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2502</b>	Added	K0615	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2504</b>	Added	K0616	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2504</b>	Added	K0616	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes

\*11J = Individual consideration, medical consultant review.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E2506</b>	Added	K0617	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2506</b>	Added	K0617	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2508</b>	Added	K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2508</b>	Added	K0543	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2510</b>	Added	K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2510</b>	Added	K0544	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2511</b>	Added	K0545	Speech generating software program, for personal computer or personal digital assistant		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2511</b>	Added	K0545	Speech generating software program, for personal computer or personal digital assistant	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2512</b>	Added	K0546	Accessory for speech generating device, mounting system		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2512</b>	Added	K0546	Accessory for speech generating device, mounting system	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>E2599</b>	Added	K0547	Accessory for speech generating device, not otherwise classified		11, 12, 31, 32	11J*	\$3.00	Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes

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Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>E2599</b>	Added	K0547	Accessory for speech generating device, not otherwise classified	RR	11, 12, 31, 32	11J*		Yes	24, 26, 36, 38, 44, 48, 54, 58, 65, 78	No		Yes
<b>K0016</b>	Enddated	E0973	Detachable, adjustable height armrest, complete assembly, each									
<b>K0022</b>	Enddated	E0982	Reinforced back upholstery									
<b>K0025</b>	Enddated	E0966	Hook-on headrest extension									
<b>K0026</b>	Enddated	E0982	Back upholstery for ultralightweight or high strength lightweight wheelchair									
<b>K0027</b>	Enddated	E0982	Back upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair									
<b>K0028</b>	Enddated	E1226	Manual, fully reclining back									
<b>K0029</b>	Enddated	E0981	Reinforced seat upholstery									
<b>K0030</b>	Enddated	E0992	Solid seat insert, planar seat, single density foam									
<b>K0031</b>	Enddated	E0978	Safety belt/pelvic strap, each									
<b>K0032</b>	Enddated	E0981	Seat upholstery for ultralightweight or high strength lightweight wheelchair									
<b>K0033</b>	Enddated	E0981	Seat upholstery for wheelchair type other than ultralightweight or high strength lightweight wheelchair									
<b>K0035</b>	Enddated	E0951	Heel loop with ankle strap, each									
<b>K0036</b>	Enddated	E0952	Toe loop, each									
<b>K0048</b>	Enddated	E0990	Elevating legrest, complete assembly									
<b>K0049</b>	Enddated	E0995	Calf pad, each									
<b>K0054</b>	Enddated		Seat width of 10, 11, 12, 15, 17, or 20 for a high strength, lightweight or ultralightweight wheelchair									
<b>K0055</b>	Enddated		Seat depth of 15, 17, or 18 for a high strength, lightweight or ultralightweight wheelchair									
<b>K0057</b>	Enddated		Seat width 19 or 20 for heavy duty or extra heavy duty chair									
<b>K0058</b>	Enddated		Seat depth 17 or 18 for motorized/power wheelchair									
<b>K0062</b>	Enddated	E0967	Handrim with 8-10 vertical or oblique projections, each									
<b>K0063</b>	Enddated	E0967	Handrim with 12-16 vertical or oblique projections, each									
<b>K0079</b>	Enddated	E0961	Wheel lock extension, pair									
<b>K0080</b>	Enddated	E0974	Anti-rollback device, pair									

\*11J = Individual consideration, medical consultant review.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>K0082</b>	Enddated	E2360	22 nf non-sealed lead acid battery, each									
<b>K0083</b>	Enddated	E2361	22 nf sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)									
<b>K0084</b>	Enddated	E2362	Group 24 non-sealed lead acid battery, each									
<b>K0085</b>	Enddated	E2363	Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)									
<b>K0086</b>	Enddated	E2364	U-1 non-sealed lead acid battery, each									
<b>K0087</b>	Enddated	E2365	U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)									
<b>K0088</b>	Enddated	E2366	Battery charger, single mode, for use with only one battery type, sealed or non-sealed									
<b>K0100</b>	Enddated	E0959	Wheelchair adapter for amputee, pair (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)									
<b>K0103</b>	Enddated	E0972	Transfer board, <25									
<b>K0107</b>	Enddated	E0950	Wheelchair tray									
<b>K0268</b>	Enddated	E0561	Humidifier, non-heated, used with positive airway pressure device									
<b>K0268</b>	Enddated	E0561	Humidifier, non-heated, used with positive airway pressure device	RR								
<b>K0460</b>	Enddated	E0983	Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control									
<b>K0531</b>	Enddated	E0562	Humidifier, heated, used with positive airway pressure device									
<b>K0531</b>	Enddated	E0562	Humidifier, heated, used with positive airway pressure device	RR								
<b>K0533</b>	Enddated	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)									
<b>K0534</b>	Enddated	E0472	Respiratory assist device, bi-level pressure capacity, with back-up rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)									



Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>K0558</b>	Enddated	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)									
<b>K0559</b>	Enddated	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557)									
<b>K0615</b>	Enddated	E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time									
<b>K0616</b>	Enddated	E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time									
<b>K0617</b>	Enddated	E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time									
<b>L0112</b>	Added		Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated		11, 12, 99	\$2,042.00	\$3.00	Yes	54, 58	No	1 per lifetime	Yes
<b>L1831</b>	Added		Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment		11, 12, 31, 32	\$105.00	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	Yes	1 year	Yes
<b>L1843</b>	Changed		Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, includes fitting and adjustment									

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>L1844</b>	Changed		Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated									
<b>L1885</b>	Enddated	E1810	Knee orthosis, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment									
<b>L1907</b>	Added		AFO*, supramalleolar with straps, with or without interface/pads, custom fabricated		11, 12, 31, 32	\$313.20	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
<b>L1950</b>	Changed		AFO, spiral, (Institute of Rehabilitative Medicine type), plastic, custom-fabricated									
<b>L1951</b>	Added		AFO, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment		11, 12, 31, 32	\$365.41	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
<b>L1971</b>	Added		AFO, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment		11, 12, 31, 32	\$365.41	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
<b>L2102</b>	Enddated		Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom-fabricated									
<b>L2104</b>	Enddated		Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom-fabricated									
<b>L2122</b>	Enddated		Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom-fabricated									
<b>L2124</b>	Enddated		Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom-fabricated									
<b>L2405</b>	Changed		Addition to knee joint, lock; drop, stance or swing phase, each joint									

\*AFO = Ankle-foot orthosis.

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>L3031</b>	Added		Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each		11, 12, 31, 32	\$101.50	\$3.00	No	24, 26, 34, 38, 44, 48, 54, 58, 65	Yes	2 years	Yes
<b>L4350</b>	Changed		Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment									
<b>L4360</b>	Changed		Walking boot, pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment									
<b>L4386</b>	Changed		Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, includes fitting and adjustment									
<b>L5646</b>	Changed		Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket									
<b>L5648</b>	Changed		Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket									
<b>L5673</b>	Added	K0556	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism		11, 12, 31, 32	\$633.97	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	2 years	Yes
<b>L5679</b>	Added	K0557	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism		11, 12, 31, 32	\$528.30	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	2 years	Yes
<b>L5681</b>	Added	K0558	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)		11, 12, 31, 32	\$633.97	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	2 years	Yes

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service	Max fee	Copay	PA required	Provider type(s)	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>L5683</b>	Added	K0559	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)		11, 12, 31, 32	\$633.97	\$3.00	Yes	24, 26, 44, 48, 54, 58	Yes	2 years	Yes
<b>L5848</b>	Changed		Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, with or without adjustability									
<b>L5984</b>	Changed		All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability									
<b>L6620</b>	Changed		Upper extremity addition, flexion/extension wrist unit, with or without friction									
<b>L6675</b>	Changed		Upper extremity addition, harness, (e.g. figure of eight type), single cable design									
<b>L6676</b>	Changed		Upper extremity addition, harness (e.g. figure of eight type), dual cable design									
<b>L8658</b>	Changed		Interphalangeal joint spacer, silicone or equal, each									
<b>S1040*</b>	Added		Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)		11, 99	\$2,308.00	\$3.00	Yes	58	No		Yes
<b>S8470</b>	Enddated		Positioning device, stander, for use by patient who is unable to stand independently (e.g., cerebral palsy patient)									
<b>T5001</b>	Added	E1399	Positioning seat for persons with special orthopedic needs, for use in vehicles		11, 12	\$649.08	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	4 years	No
<b>T5001</b>	Added	E1399	Positioning seat for persons with special orthopedic needs, for use in vehicles	RR	11, 12	\$1.48		60 days	24, 26, 44, 48, 54, 58	No		No

\*Effective December 1, 2003.

# ATTACHMENT 2

## CPT codes for durable medical equipment

Effective for dates of service on and after October 1, 2003

Procedure code	Status	Replaces or is replaced by code(s)	Description	Modifier	Place of service*	Max fee	Copay	PA** required	Provider type***	Bilateral	Life expectancy	Separately reimbursable in a nursing home
<b>93268</b>		W6828	Patient demand single or multiple event recording with presymptom memory loop, 24-hour attended monitoring, per 30 day period of time; includes transmission, physician review and interpretation		11, 12	\$194.82	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	4 per year	No
<b>94760</b>		W6796	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		11, 12	\$6.91	\$0.50	No	24, 26, 44, 48, 54, 58	No	6 per year	No
<b>94762</b>		W6797	by continuous overnight monitoring (separate procedure)		11, 12	\$41.34	\$2.00	No	24, 26, 44, 48, 54, 58	No	4 per year	No
<b>94772</b>		W6817	Circadian respiratory pattern recording (pediatric pneumogram), 12 to 24 hour continuous recording, infant		11, 12, 31, 32	\$125.32	\$3.00	No	24, 26, 44, 48, 54, 58	No	4 per year	No

\*Place of service  
Code Description  
12 Home

\*\*PA = Prior authorization.

\*\*\*Provider type  
Code Description  
54 Medical Equipment Vendors  
58 Individual Medical Supply Vendors